

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914172	RECEIPT DATE:	08 / 24 / 01
IA NUMBER:	PCT/ FR00 / 00472	IA FILING DATE:	02 / 25 / 00
FAMILY NAME:	ROMAIN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	FABRICE	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 25 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	98R021254297	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	027975	TELEPHONE 4078412330
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STATE/COUNTRY:	FL	ZIP:	328023791
EMAIL:			
APPLICATION TITLES:			
	METHOD FOR PROVIDING SECURITY TO A CHAINING OF OPERATIONS PERFORMED BY AN ELECTRONIC CIRCUIT WITHIN THE CONTEXT OF EXECUTING AN ALGORITHM		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 1985

<b>SERIAL NUMBER</b> 09/914,172	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2132	<b>ATTORNEY DOCKET NO.</b> 98R021254297	
<b>APPLICANTS</b> Fabrice Romain, Aix En Provence, FRANCE;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/FR00/00472 02/25/2000  <b>** FOREIGN APPLICATIONS *****</b> FRANCE 99/02364 02/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27975					
<b>TITLE</b> Method for providing security to a chaining of operations performed by an electronic circuit within the context of executing an algorithm					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		